

ONSITE CHECKLIST

Lead Name _____ LA name _____ PE dates _____ Site name _____

ITEM	Who/Date	COMMENTS	Authority
Checklists completed: Individual Group Orientation			400 contacts; 270-30 orient; 280-10, 510-70
ADMINISTRATION			
Employee Conflict of Interest Statement			150-10
Employee Security Affidavits/staff credentials (WNA/DN/RD etc.) (sample)			140-20, 130-10-130-90
National Motor Voter Act: Staff provides registration & declination forms?			700-06
Farmers' Market Orientation/Distribution			Annual FMNP Letter
CIVIL RIGHTS			
Civil Rights Poster (And Justice For All) (1999 version - form 475C)			510-10
Appropriate multi-lingual materials and services			510-40
Building accessibility to disabled			510-40
LA produced materials contain nondiscrimination statement?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	510-50
LA Discrimination Log to file and process complaints?		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	
Work area allows for confidentiality?			120-10, 7CFR246.26(d)
CUSTOMER SERVICES			
WIC signage present and hours of operations posted?			530-10, NSS Standard 20
Site environment supports efficient customer flow? Nutrition services are provided by caring, competent, and customer-friendly staff?			NSS Standard 19 and 20
Site environment provides safety and security for participants and staff, and provides adequate space for serving participants?			160-20, NSS Standard 19. Also see 120-10.
Site environment promotes nutrition and health education and breastfeeding			NSS Standard 19
FACILITIES			
No Smoking Sign Posted?			160-10
Emergency Exits Posted in Visible/Accessible Area			160-20
HEALTH ASSESSMENT			
Bloodwork: entered at cert appointment? If not, ISIS 'hold' and comments entered?		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	210-11
Heights and weights correctly measured, interpreted & explained?		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	210-10
Breastfeeding Environment – Pump Distribution: log/storage/sanitation/ no formula displays ; positive/supportive; private breastfeeding area.			600-10 & 620-10
HH Campaign – Individual or Group HH Campaign Messaging?		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	If N or I, LASB/STRB referral
CERTIFICATION AND ADMINISTRATION			
Are applicants informed of rights/responsibilities regarding participation in WIC program (R & R)?		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	260-40
CSFP participation is checked?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	200-02
Does the Local Agency verify identity of applicant prior to enrollment and issuance of WIF?		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	270-30 & 360-20
Are participants issued VOCs for out-of-State transfers via ISIS?			250-10
FOOD INSTRUMENT (FI) DISTRIBUTION AND SECURITY			
Void: Where kept? Stamped "void" immediately? Shredded?			350-10
Separation of Duties - Check if appropriate for WIC FIs and FMNP Coupons. Who does inventory, prints, issues, void reconciliation?			7 CFR 246.12(n) 350-10 970-20
Printers placed to maintain security?			350-10
Checkstock - Restricted access to FIs (staff not issuing FIs + see participants). Restricted access to keys to FI storage areas			350-10, 970-20
Staff checks pre-printed FI # w/ the printed # (to avoid mismatch)			360-10
Staff checks the FI numbers against the FI log before issuing			360-20
Check participant signatures (on FI log against their WIF)			270-30 & 360-20
Staff runs test print?			360-10
Staff Logging out of ISIS when away from terminal?			120-10
HEALTH INTEGRATION & REFERRALS			
Review Referrals - Drug/Alcohol (Have a file/directory/pamphlet)			700-03
Immunization Screening & Referrals – for children 2 years old and under		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	WRO Policy Memo 803-AT – ASM 01-56
Lead Screening and Referral – for 1-yr child recert or enrollment		<input type="checkbox"/> Y <input type="checkbox"/> I <input type="checkbox"/> N	WRO Policy Memo 807-U – ASM Memo 01-13

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